

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 07/10/2019
NAME OF PROVIDER OR SUPPLIER CUMBERLAND HEALTH CARE AND REHABILI'		STREET ADDRESS, CITY, STATE, ZIP CODE 4343 ASHLAND CITY HWY NASHVILLE, TN 37218		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	<p>Initial Comments</p> <p>Stories: 1 Construction Type: NFPA, II (111); IBC, II protected Limited plans available on site Constructed: 1985 Sprinklered: Yes Census: 90</p> <p>A Life Safety revisit survey was conducted on 07/10/19 for the previous deficiencies cited on 05/20/2019. The deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.</p>	{N 000}		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER CUMBERLAND HEALTH CARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 4343 ASHLAND CITY HWY NASHVILLE, TN 37218		
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N 000	Initial Comments Stories: 1 Construction Type: NFPA, II (111); IBC, II protected Limited plans available on site Constructed: 1985 Sprinklered: Yes Census: 90 A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 05/20/2019. During this Life Safety Survey, Cumberland Health and Rehab was found not in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition): The requirements at 1200-080-06, Standards for Nursing Homes is NOT MET as evidenced by: All penetrations requiring Fire Stop shall be repaired in accordance with a tested and approved Fire Stop System meeting the requirements of ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops. The system used shall be recorded and documentation shall be maintained for the life of the installation. Any Engineering Judgements requires state approval.	N 000		
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and	N 831	N831 1200-8-6-.08 (Building Standards)	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Savannah Choate

Administrator

6/7/19

STATE FORM

6899

CAYR21

If continuation sheet 1 of 3

Division of Health Care Facilities

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N 831	<p>Continued From page 1</p> <p>the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall environment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observations on 05/20/2019 at 10:32 AM, revealed unsealed penetrations behind 3 conduits (at the ceiling) above the transfer switch and fire alarm panel box. NFPA 101, 8.3.5.1 (2012 Edition) 2. Observations on 05/20/2019 at 10:55 AM, revealed sheetrock damage in the sky light across from the nurses station. NFPA 101, 8.4.4 (2012 Edition) 3. Observations on 05/20/2019 at 10:59 AM, revealed a hole in the wall behind the ice maker in the 700 hall nourishment room. NFPA 101, 8.4.4 (2012 Edition) 4. Observations on 05/20/2019 at 10:59 AM, revealed cracking sheetrock to ceiling in the 700 hall nourishment room. NFPA 101, 8.3.5 (2012 Edition) 5. Observations on 05/20/2019 at 11:00 AM, revealed unsealed penetrations (holes) in the walls of the 700 hall eye wash room. NFPA 101, 8.4.4 (2012 Edition) 6. Observations on 05/20/2019 at 11:14 AM, 	N 831	<p>On 05/20/2019 the Director of Maintenance sealed penetrations utilizing 3M Fire Stop products in the ceiling above the transfer switch and fire alarm panel using 3M system W-L-1524. On 5/20/2019 the Director of Maintenance filled holes in and repaired drywall with joint compound in the skylight across from the nurse's station, the walls of the 700 hall eye wash room, and the wall in the 600 hall battery charging room. On 05/20/2019 the Director of Maintenance filled holes in and repaired drywall with joint compound in the wall behind the icemaker in the 700 hall nourishment room and the sheetrock in the ceiling of the 700 hall nourishment room. The penetrations between the blocks on the fire rated fire/smoke barrier in the attic outside of room 305 will be completed no later than 06/28/2019. The unsealed sprinkler line will be sealed using UL system C-AJ-1353 and will be completed no later than 06/28/2019. The unsealed conduit on the end of the fire/smoke barrier in the attic outside of room 209 will be sealed using UL system C-AJ-1354 and will be completed no later than 06/28/2019. Fire stop products meet the requirements of ASTM E 814, Standards Test Method for Fire Tests of Through-Penetration Fire Stops, or ANSL/UL 1479, Standards for Fire Tests of Through Penetrations Firestops.</p>	

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NAME OF PROVIDER OR SUPPLIER
CUMBERLAND HEALTH CARE AND REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE
**4343 ASHLAND CITY HWY
NASHVILLE, TN 37218**

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N 831	<p>Continued From page 1</p> <p>the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall environment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observations on 05/20/2019 at 10:32 AM, revealed unsealed penetrations behind 3 conduits (at the ceiling) above the transfer switch and fire alarm panel box. NFPA 101, 8.3.5.1 (2012 Edition) 2. Observations on 05/20/2019 at 10:55 AM, revealed sheetrock damage in the sky light across from the nurses station. NFPA 101, 8.4.4 (2012 Edition) 3. Observations on 05/20/2019 at 10:59 AM, revealed a hole in the wall behind the ice maker in the 700 hall nourishment room. NFPA 101, 8.4.4 (2012 Edition) 4. Observations on 05/20/2019 at 10:59 AM, revealed cracking sheetrock to ceiling in the 700 hall nourishment room. NFPA 101, 8.3.5 (2012 Edition) 5. Observations on 05/20/2019 at 11:00 AM, revealed unsealed penetrations (holes) in the walls of the 700 hall eye wash room. NFPA 101, 8.4.4 (2012 Edition) 6. Observations on 05/20/2019 at 11:14 AM, 	N 831	<p>All residents have the potential to be affected by the deficiency. Penetrations has been added to the Building Checklist which will be used by the Director of Maintenance to inspect the building on a weekly basis.</p> <p>The Fire Stop System will be recorded, and documentation will be maintained by the Director of Maintenance for the life of the system. Penetrations will be added to the Building Maintenance Checklist and checked weekly. Deficiencies will be corrected by the responsible department head or as assigned by the administrator.</p> <p>In order to ensure ongoing compliance, results of the Building Checklist will be reported to the Administrator weekly for review for the next three months. The Administrator will report the monitoring results at the monthly QAPI meeting for the next two quarters. The administrator will report the monitoring results to the Governing Body at their next meeting</p>	6/28/19

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N 831	<p>Continued From page 2</p> <p>revealed an unsealed penetrations (hole) in the wall of the 600 hall battery charging room. NFPA 101, 8.4.4 (2012 Edition)</p> <p>7. Observations on 05/20/2019 at 12:20 PM, revealed an unsealed sprinkler line and unsealed penetrations between the blocks and bricks on the rated fire/smoke barrier in the attic outside of room 305. NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>8. Observations on 05/20/2019 at 12:35 PM, revealed a conduit unsealed on the end on the rated fire/smoke barrier in the attic outside of room 209. NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>The maintenance director and regional staff were present when these deficiencies were identified, and were later acknowledged by the administrator during the exit conference on 05/20/2019.</p>	N 831		